

Vermont Adult Behavioral Risk Factor Survey

Executive Summary: End-User Survey Results

The Behavioral Risk Factor Surveillance System (BRFSS) End-User Survey was distributed to all known BRFSS users in Late September/Early October 2013, and was completed by 65 individuals. Thirty-eight percent of respondents said they use BRFSS data often or very often, 29% said they use it sometimes and a third (32%) use BRFSS data rarely or never.

Following are findings from the survey, as well as planned follow-up actions by the BRFSS team. Findings are grouped into five broad areas: data products, data requests, questionnaire content, questionnaire development, and affordable care act questions.

Findings - Data Products:

- Overwhelming majority of respondents are satisfied or very satisfied with annual statewide summary and bi-monthly data briefs, 85% and 73% respectively.
- Almost half of respondents were not aware VDH produces district office profiles from BRFSS data.
- Suggestions for improving reports included: better promotion of their release, expanding beyond the interests of just VDH to include those of AHS and other departments, setting a rotating schedule of data brief topics, providing more context to data briefs, more frequent data briefs.
- Respondents would like additional data documents that incorporate information from multiple data sources (e.g. BRFSS & YRBS), as well as reports that are more in-depth and topic specific (e.g. LGBT).
- There were also requests for town level data, more recent data, and help for District Office staff in how to understand and use the data.

Findings - Data Requests:

- Almost three-quarters of respondents had requested BRFSS data in the past. Ten percent did not know they could make requests.
- Of those that made a request, nearly all were satisfied with the BRFSS team's response. More than 90% said they were satisfied with the response in each of the following areas: timeliness, responsiveness, availability to answer questions, interpretation of results, and presentation of results.
- One respondent commented that in addition to indicating statistical significance, talking points are needed to explain the data we provide. Another suggested that the BRFSS team to develop a system for providing updates to previous data requestors each time new data becomes available.

Findings - Questionnaire:

- A quarter of respondents each said topics are missing or that they are not aware of the topics asked on the BRFSS.
- Several respondents (20%) listed areas they felt should be asked more often. These fell into several broader categories: injury, infectious disease, occupation, maternal child health, food security and access, nutrition, caregiving, violence, LGBT population, heat, housing and transportation security, and factors for multiple chronic conditions.

Findings - Questionnaire Development:

- Most who've requested questions on the survey are satisfied with the instructions given ahead of time, the time allotted to submit questions and the BRFSS team's availability to answer questions.
- Fewer (58% each) were satisfied with the communication about which questions were selected and why questions were selected or not.
- One respondent suggested the BRFSS team develop a process for prioritizing including questions that were not selected on a future survey.
- Other suggestions for the questionnaire development process included: broader representation on the selection committee, developing a rating system for proposals, more help for programs without data analysts in completing the request forms, and meet with Division leaders to assure questions are coordinated.

Findings - Affordable Care Act:

- About nine in ten (87%) of respondents are interested in results from the Affordable Care Act questions barriers to health care and whether adults have insurance.
- At least two-thirds of respondents were interested in results from all other Affordable Care Act questions, except that about whether adults currently have a payment plan for medical bills.

BRFSS Team Follow-up Actions:

- In reviewing the comments and suggestions from the end-user survey, it became clear that there are some misperceptions about the BRFSS, how it is implemented, what it can be used for, and what some of its limitations are. In response, the BRFSS team developed a frequently asked questions document that is posted on the BRFSS website (http://healthvermont.gov/research/brfss/documents/brfss_faqs.pdf).
- In addition to updating the District Office Profiles with 2012 data, the BRFSS team is beginning work on a district level report that will include sub-group analyses.
- The BRFSS and YRBS coordinators will develop a plan for a comprehensive report that incorporates data from both sources. The plan will be developed by the end of April 2014.
- Also by April 2014, the BRFSS coordinator will develop a plan and schedule for drafting periodic reports on specific topics. This likely will require input from others both within and external to VDH.
- The BRFSS team will seek additional input on how to better promote its data products and ensure their widespread use. At a minimum, this will involve conversation with the Department of Health Communications Unit, the Prevention Team Leader, and Division Leadership.
- Multiple respondents mentioned additional support is needed by the District Offices. The BRFSS coordinator will consult with the Prevention Team Leader to determine the best ways to address these needs.
- One suggestion was for the BRFSS team to develop a way to prioritize questions that are not included in one year to be included in the future. The BRFSS program has a long term plan to allow for periodic inclusion of questions that we have identified as being requested regularly. This plan is revised annually and is provided along with the question proposal form. However, the BRFSS Coordinator will develop a plan for better communicating the plan to those who may propose questions. This will be completed prior to the start of the proposal process for the 2015 survey (summer 2014).
- The BRFSS coordinator is developing rating system for question proposals. This will be completed by the summer 2014.
- Attempts will be made to expand the questionnaire proposal review committee beyond just the Division of Health Surveillance at the Department of Health. The Research, Epidemiology and Evaluation Unit (where the BRFSS sits) will discuss a strategy for expanding the committee and brainstorm individuals from other Department of Health divisions and Agency of Human Services departments to invite, with recruiting beginning in early 2013.
- The BRFSS coordinator will work with the Research, Epidemiology and Evaluation Unit chief to improve feedback to those requesting questions for the BRFSS survey on which questions were selected and why. The development of the rating form mentioned above will aid in this, but some additional communication to those proposing questions will also be required. This also will be completed by the summer of 2014.
- Feedback on the Affordable Care Act questions will be used to guide the analysis of those questions.